Rec'd PCT/PTQ 27, APR 2005

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL021115 US

As a below named inventor, I	hereby declare that:		
My residence, post office add	ress and citizenship are as sta	ted next to my name.	
	of the subject matter which is ceiver"	name is listed below) or an origina claimed and for which a patent is	
is attached hereto.			
was filed as United States	application		
Serial No			
on			
and was amended			
on	·		
r *			
▲ was filed as PCT internatio			
Number PCT/IB2003/			
.on:22 Septembe	er 2003		
and was amended under PCT	Article 19		
on		,	(if applicable).
I hereby state that I have revie claims, as amended by any an		ents of the above-identified specific	cation, including the
I acknowledge the duty to disc Title 37, Code of Federal Regu		rial to the examination of this appl	lication in accordance with
or inventor's certificate or of ar States of America listed below any PCT international applicat	ny PCT international application and have identified below any ion(s) designating at least one	States Code, § 119 of any foreign n(s) designating at least one coun foreign application(s) for patent o country other than the United State the application(s) of which priority	try other than the United or inventor's certificate or tes of America filed by me
PRIOR FOREIGN/PCT APPLI	CATION(S) AND ANY PRIORI	TY CLAIMS UNDER 35 U.S.C. 1	19:
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	02079512.6	30 October 2002	YES
	110	DEPARTMENT OF COMMERCE -Pa	atent and Trademarks Office

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Combined Declaration For Patent Application and Power of Attorney (Continued Attorneys Docket Number (includes Reference to PCT International Applications) PHNL021115 US POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) Jack E. Haken, Reg. No. 26,902 Direct Telephone Calls to: (name and telephone number) Michael E. Marion, Reg. No. 32, 266 (914)332-0222 Edward M. Blocker, Reg. No. 30,245 FULL NAME OF INVENTOR FIRST GIVEN NAME **FAMILY NAME** SECOND GIVEN NAME HEKSTRA Andries. Pieter 201 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP Eindhoven The Netherlands The Netherlands POST-OFFICE ADDRESS POST OFFICE STATE & ZIP CODE/COUNTRY **ADDRESS** Prof. Holstiaan 6 5656 AA Eindhoven The Netherlands FULL NAME OF **FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME INVENTOR, **BAGGEN** Constant **Paul Marie Jozef** RESIDENCE & STATE OR FOREIGN COUNTRY CITY 202 COUNTRY OF CITIZENSHIP CITIZENSHIP Eindhoven-The Netherlands The Netherlands POST OFFICE ADDRESS POST OFFICE STATE & ZIP CODE/COUNTRY **ADDRESS** Prof. Holstlaan 6 5656 AA Eindhoven The Netherlands I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 202

27 May 2004

SIGNATURE OF INVENTOR 201

27 May 2004

DATE

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

10/532930 JC14 Rec'd PCT/PTO 27 APR 2005

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Applicant/Patent Owner: Koninklijke Philips Electronics N.V.						
Application No./Patent No.: Concurrently	Filed/Issue Date: Concurrently					
Entitled: TRELLIS-BASED RECEIVER						
Koninklijke Philips Electronics N.V. , a (Name of Assignee)	Corporation (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)					
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The undersigned (whose title is supplied below) is auth	orized to act on behalf of the assignee.					
3/29/95	Aaron Waxler, Reg. 48,027					
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SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee									
Signatur	re /	Made. He	aur		Date 14 Janua:	ry 2005			
Name	Michae	el E. Marion			Telephone (914)	333-9637			
Title									
This calls	ation of information	is required by 27 CER 1.31, 1.32 and	100 51 11						

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